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21171	7590 04/06	/2009	. 2\		tificate of Mailing or Trans	Emission
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WASHINGTON	, DC 20005	TRAD	EMA			(Depositor's name)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/763,162	01/26/2004		Naoyuki Nagao		1713.1010	6723
TILE OF INVENTION: CONSOLE SWITCH AND SYSTEM USING THE SAME SYSTEM, METHOD, AND COMPUTER						
PROGRAM FOR A CONSOLE SWITCH						
			WOKHINI TUK F	CONSULE	SW 1104	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/06/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
CHRISTENSEN, SCOTT B 2444			709-238000			
. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363).						
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
"Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is . 3			
. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON T	THE PATENT (print or ty	/ре)	`	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
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FUJITSU COM	PONENT LIMITE	D	TOKYO, JA	PAN		
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🗀 Government						
a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee A check is enclosed.						unovin above)
Publication Fee (N	o small entity discount p	permitted)	Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19 2025 (enclose an extra copy of this form).			
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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Authorized Signature	Jan Mr	A		Date <u>(</u>	AND TUDDOS ANDROMA	19763162
Typed or printed name				Registration N	59,921	1510.00 OP
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